

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)
It's still pending.

6. Approximate date of filing lawsuit 8/20/15

7. Approximate date of disposition: 5/3/15

II. Place of Present Confinement Suffolk County jail

A. Is there a prisoner grievance procedure in this institution? Yes (✓) No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes (✓) No ()

C. If your answer is YES,

1. What steps did you take? I filed a few grievances but the co's threw them out

2. What was the result? I got no result

D. If your answer is NO, explain why not They never got back to me

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes (✓) No ()

F. If your answer is YES,

1. What steps did you take? I called Attorney Affairs and filed a complaint

2. What was the result? Still pending

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Bryan McClurkin
Address 110 Center Drive Riverhead N.Y. 11901

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1

CHARLES WAGNER # 1225
110 CENTER DRIVE
Riverhead NY 11901

Defendant No. 2

EDWARD MAGONE # 961
110 CENTER DRIVE
RIVERHEAD NY 11901

Defendant No. 3

216
110 center DRIVE
RIVERHEAD NY 11901

Defendant No. 4

Appanki and Riverhead
sett town

Defendant No. 5

(Make sure that the defendants listed above are identical to those listed in the caption on page 11.)

IV. Statement of Claim:

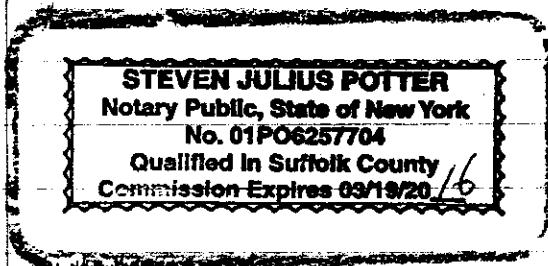
(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

On May 8th Co educated massive #961 and Co Charles Blauner #1225 and your own self team assaulted me then forced me behind my back and beat my arm until my shoulder popped out of socket and continued beating on me, then was placed in the mental health unit where i was denied help for almost a month. I finally got sent to medical at Riverhead Correction facility where i got an x-ray and a hour later i was sent to the outside hospital pecanic bay where i stated i was assaulted by staff and they x-rayed me and stated my shoulder was popped out of socket by then they put me to sleep and my shoulder was placed back into socket. The next day i was sent back to Riverhead Correction facility as soon as i entered the building self and

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

I'm claiming my shoulder was popped out of socket in both incidents, i got x-ray's from the facility as well as the outside hospital pecanic bay both times my shoulder was out of socket the second time i went to pecanic bay they hasn't able to place me to sleep to put my shoulder back into place i still can't move my shoulder i need help.

a bunch of Co³ i remember his specific Co badge #216 they
was also with the rest team waiting at the gate for me
then they walked me to the dressing room and started
asking me what i told the staff at the hospital i didn't
reply and then they just started grabbing my bad arm forced
me to the floor and took my clothes off then they just started
beating me up i was screaming for help but they just kept
beating me then they dragged me into the elevator still
beating my broken arm and punching me then i went out of
conscious, the next day i woke up in the mental health unit then
i waited a whole month to see medical and they gave me a
citoy and was told my shoulder is back out of socket, i got
sent back to the outside hospital pecanico bay where i stated
they brought me there two different times when i came back the
last time they assaulted me again then they told me my shoulder
is out of socket, i still didn't have surgery they keep denying
me i need surgery and therapy my arm hurts really bad.



x Open Work

*Served before me this
28th August 2015*

Steven Julius Potter

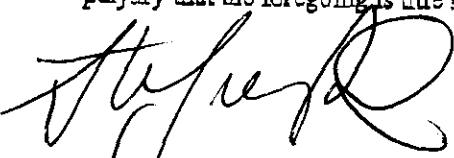
V. Relief

State what relief you are seeking if you prevail on your complaint.

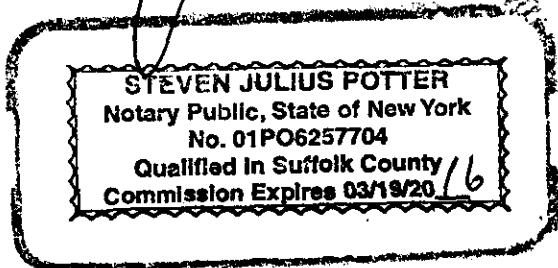
my arm will never be the same i'm tramotized
i'm scared of the Correctional officers every time we
have a shado down they violat my call i'm ready
Scared for my life. Color of law Color of authority
and abuse of power, i'm seeking 10 million for assulted
damages i been mentally and physically and
emotionally scared.

I declare under penalty of perjury that on 8/20/15
(Date) I delivered this
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this 22 day of August, 20 15. I declare under penalty of
perjury that the foregoing is true and correct.



X Brian Walker
Signature of Plaintiff



Name of Prison Facility

Suffolk County Correctional
Facility 110 Center Dr
Riverhead NY 11901

Address

Prisoner ID#